

# Purchasing Division

1000 10<sup>th</sup> Street, Greeley, CO 80631



Dear Vendor:

The City of Greeley, in compliance with Chapter 4.20 of the Greeley Municipal Code, welcomes your request to be added to our Vendor System. Enclosed is a copy of a Vendor Application Form. Please complete this form and return it to:

City of Greeley  
Purchasing Division  
1000 10<sup>th</sup> Street, #222  
Greeley, CO 80631  
or Fax to: 970-350-9328  
or Email to: [purchase@greeleygov.com](mailto:purchase@greeleygov.com)

Please note that Schedule A is filled out by "Disadvantaged Business Enterprises" only and may be skipped if it is not applicable for your company. The remaining forms are required information. Once your application is received, a vendor number will be assigned to your company, which will enable us to make payments to your firm.

Please feel free to contact the Office of the Purchasing Manager at (970) 350-9333 should you have any questions or concerns.

Sincerely,

City of Greeley  
Purchasing Division

# VENDOR APPLICATION



**PURCHASING DIVISION, 1000 10<sup>TH</sup> STREET, GREELEY CO 80631**

**PHONE: (970) 350-9333 OR FAX: (970) 350-9328**

APPLICANT INFORMATION					
Date of Application:					
Mailing Address for Bidding Forms and Purchase Orders:			Mailing Address for Payments:		
Applicant/Business Name:			Applicant/Business Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Fax:		
ORGANIZATION INFORMATION					
Organization Information [Check One]: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization					
Corporation Incorporated Under the Laws of the State of:					
Type of Ownership: Disadvantaged Business Enterprise [DBE]: <input type="checkbox"/> Yes <input type="checkbox"/> NO					
Type of Ownership: Women Owned Business Enterprise [WBE]: <input type="checkbox"/> Yes <input type="checkbox"/> NO [As Per Public Law 95-507]					
Invoice Terms:			Factory Authorized Dealer for Service and Parts: <input type="checkbox"/> Yes <input type="checkbox"/> No		
BID CONTACT INFORMATION					
Contact for Bids and Quotes:			Official Capacity:		
Phone:	Ext:	Email:		Fax:	
2 <sup>nd</sup> Contact for Bids and Quotes:			Official Capacity:		
Phone:	Ext:	Email:		Fax:	
I HEREBY CERTIFY THE INFORMATION SUPPLIED HEREIN IS CORRECT:					

Name and Title of Authorized to Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Please Fax completed application to 970-350-9328**

**If you have any questions please call Purchasing at 970-350-9333.**

Purchasing Office Use Only	Vendor #:
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## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**CITY OF GREELEY – PURCHASING DIVISION**  
**1000 10<sup>th</sup> Street, #222**  
**Greeley, CO 80631**  
**Ph: (970) 350-9333**  
**Fax: (970) 350-9328**

**Schedule A – Information for Determining Disadvantaged Business Enterprise Eligibility**

1. Name of Firm \_\_\_\_\_
2. Address of Firm \_\_\_\_\_
3. Phone Number of Firm \_\_\_\_\_
4. Indicate whether firm is sole proprietorship, partnership, joint venture, corporation or other business entity (please specify) \_\_\_\_\_  
\_\_\_\_\_
5. Nature of firm's business \_\_\_\_\_
6. Years firm has been in business \_\_\_\_\_
7. Ownership of Firm: Identify those who own 5 percent or more of the firm's ownership. Columns "e" and "f" need to be filled out only if the firm is less than 100 percent minority owned.

(a) Name	(b) Race	(c) Sex	(d) Years of Ownership	(e) Ownership Percentage	(f) Voting Percentage
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With firms less than 100 Percent minority owned, list the contributions of money, equipment, real estate, or expertise of each of the owners.

8. Control of firm: a) Identify by name, race, sex and title in the firm those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision making, including, but limited to, those with prime responsibility for:
  - A. Financial decisions \_\_\_\_\_
  - B. Management decisions, such as:
    - a) Estimating \_\_\_\_\_
    - b) Marketing and sales \_\_\_\_\_
    - c) Hiring and firing of management personnel \_\_\_\_\_
    - d) Purchases of major items or supplies \_\_\_\_\_
  - C. Supervision of field positions \_\_\_\_\_
9. For each of those listed in question 8, provide a brief summary of the person's experience and number of years with the firm, indicating the persons' qualifications for the responsibilities given him or her.
10. Describe or attach a copy of any stock options or other ownership options that are outstanding, and any agreements between owners or between owners and third parties which restrict ownership or control of minority owners.
11. Identify an owner (see items 7) or management official (see item 8) of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing, or employees as well as both firms having some of the same owners.

12. What are the gross receipts of the firm for each of the last two years?

Year ending \_\_\_\_\_

\$ \_\_\_\_\_

Year ending \_\_\_\_\_

\$ \_\_\_\_\_

13. Name of bonding company, in any: \_\_\_\_\_

Bonding limit \_\_\_\_\_

Sources of letter of credit, if any \_\_\_\_\_

14. Are you authorized to do business in the state as well as locally, including all necessary business licenses?

\_\_\_\_\_

15. Indicate if this firm or other firms with any of the same officers have previously received or been denied certification or participation as a D.B.E. and describe the circumstances. Indicate the name of the certifying authority and the date of such certification or denial.

**AFFIDAVIT**

“The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_ (Name of Firm) as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime, directly to the grantee current, complete and accurate information regarding the actual work performed on the project, the payment therefore and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements.”

NOTE: If, after filing this Schedule A and before the work of this firm is completed on the contract covered by this regulation, there is any significant change in the information submitted, you must inform the grantee of the change through the prime contractor or, if no prime contractor, inform the grantee directly.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Corporate Seal (where appropriate)

Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared (Name) \_\_\_\_\_

To me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (Name of Firm) \_\_\_\_\_ to execute the affidavit and did so as his or her free act and deed.

Notary Public \_\_\_\_\_

Seal

Commission Expires \_\_\_\_\_